

TAB A
Job Creation for At Risk Neighborhoods
Project proposal Cover Sheet

Country: **BELIZE**

Project No. (To be assigned by U.S. Embassy)

Date of Submission: _____

Project Title: _____

Name of Organization: _____

Mailing Address: _____

Street Address: _____

Telephone: _____ Fax: _____

Alternate Telephone: _____ E-Mail: _____

Principal Officer: _____ (name and position)

Project Contact: _____ (name and position)

Proposed Project Duration: _____ (no more than 2 years)

FINANCES:

Total ESF Funds Request _____ (US\$)

Total Project Cost: _____ (US\$)

The following items are required in your proposal:

- ___ Cover Sheet (This page filled in)
- ___ Project Summary
- ___ Program Narrative
- ___ Monitoring and Evaluation Plan
- ___ Organizational Capability
- ___ Budget
- ___ Resumes of Key Persons
- ___ Proof of Organization's Legal Status